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54,498

508.270.2499

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A Notice of Appeal to the Board of Patent Appeals (1 sheet); Fee Transmittal (in duplicate); Petition for Extension of Time (in duplicate).

Applicant: Scaria, Abraham

App. No.: 10/057,620

Entitled: Methods for treating blood coagulation disorders

Docket: 5046US Art Unit: 1633

Examiner: Anne M.S. Wehbe

FAX NO: 571.273.8300

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT

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Deposit Account Name: Genzyme Corporation

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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and such attacks on PTO-3888. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) Basic Filing, Search, and Examination Fees FILING FEES **EXAMINATION FEES** SEARCH FEES Small Entity **8**നമി ളൻസ Small Emily Fee (\$) Fees Pald (8) Feo (另) Fee (8) Application Type Fee (\$) Fee (\$) Fee.(8) 200 300 500 100 Utility 150 250 1.000 200 100 130 Design 100 50 65 200 300 160 Plant 100 150 80 300 150 500 600 300 Reissue 250 200 100 Λ O **Provisional** D Small Emily 2. EXCESS CLAIM FEES E∞.(8) Fe9 (8) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Total Claims Extra Claims Fe9 (\$) Fee Paid (\$) 50.00 Esse(%) Ear Pald (3) - 20 or KP = ĸ HP = highest number of total claims paid for, if greater than 20. \$360 Fee Paid (3) Indep, Claima Extra Claima Fee (හි) 200.00 MP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) 4. OTHER FEE(S Feea Paid (8) Non-English Specification, \$130 fcc (no small entity discount) \$1,520 Other (e.g., late filing surcharge): Notice of Appeal fee of \$500: 3-month extension of \$1.020

SUBMITTED BY Régistration No. 54,498 Telephone _{508,270,2499} Date 10 106 Name (Print/Type) Jonnifer D. Tousignant

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